

# **PROCEDURE FOR OBTAINING SEWAGE DISPOSAL CONSTRUCTION PERMIT**

**BROOME COUNTY HEALTH DEPARTMENT**  
**225 FRONT STREET, BINGHAMTON, NY 13905**  
**(607-778-2847)**

**FOR NEW CONSTRUCTION, AN APPLICATION MUST BE SUBMITTED WITH \$50 PERMIT FEE AND APPLICANT MUST HIRE A LICENSED DESIGN PROFESSIONAL TO SUBMIT SEWAGE SYSTEM PLANS TO THE HEALTH DEPARTMENT.**

**TO CORRECT A FAILING SYSTEM AT AN EXISTING HOUSE, AN APPLICATION MUST BE SUBMITTED WITH \$190 PERMIT FEE AND THE HEALTH DEPARTMENT WILL PREPARE A SEWAGE SYSTEM DESIGN AFTER STEPS 1 AND 2 BELOW ARE COMPLETED.**

- 1) Hire a backhoe operator to provide a test cut in the area where the septic system will be located. The cut is typically 6' to 10' deep and 2' to 3' wide. For certain soils, a percolation test may have to be performed.
- 2) Have the backhoe operator call this office to make an appointment to meet a Health Department representative at the property.

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT**

**Applicant:** This is the name that will appear on the permit and the certificate of approval including phone number.

**Mailing Address:** Complete mailing address. The permit will be mailed to the applicant's address unless noted otherwise.

**Owner:** If the applicant does not own the property, please provide owner's name, phone number and address.

**Property Address:** We will need the physical address of the property where the system will be constructed.

**Tax Map Number:** Ownership changes over time. The property **MUST** be identified by the tax map number. You may obtain this number from your Town Clerk or the County Real Property Office (778-2169). It also appears on tax bills.

**Town:** The township in which the lot is located (Barker, Colesville, Vestal, etc.) not a mailing address town.

**Lot Size:** Give lot area in acres.

**Name of Subdivision:** If your property is part of a realty subdivision, please indicate the name.

**Type of Building:** What type of structure exists or is planned for the lot.

**Existing/New:** Is there a dwelling currently on the property (existing) or is the lot being developed (new).

**Age:** When was the dwelling built or manufactured.

**Number of Bedrooms:** How many rooms in the dwelling could conceivably be used as bedrooms. This is used for design purposes.

**Low Flow Fixtures:** New toilets, shower heads and faucets manufactured after 1994 would be considered low flow.

**Garbage Disposal:** Is there a garbage grinder in the kitchen sink?

**Enhanced Treatment Unit (ETU)** requires continuous electricity and a maintenance contract with a factory authorized dealer to be kept for the life of the unit. Renewals shall be sent to this office. A site evaluation/sewage cut is not required when an ETU is requested. You must complete, sign and submit to us an Enhanced Treatment Unit request form with application.

**Water Supply:** Will it be a public supply or private well?

**APPLICANT MUST COMPLETE, SIGN AND DATE THE RETURN AND PAY THE REQUIRED FEE.  
PLEASE DO NOT STAPLE YOUR CHECK OR MONEY ORDER TO THE APPLICATION. THANK YOU.**

## **PROCEDURE FOR OBTAINING A CERTIFICATE OF APPROVAL**

- 1) The septic system must be installed according to the Health Department specifications or approved engineering plan.
- 2) After a satisfactory final inspection of the complete system including the distance to a water supply, a Certificate of Approval will be sent to the applicant and the Town Office. Although this certificate states that the system was, at the time of inspection, installed according to Health Department standards, it should be understood that no guarantee of future performance can be given. The system must be properly maintained for optimum performance. For more information, call the Broome County Health Department at (607) 778-2847 with questions.

**YOUR SEWAGE SYSTEM MUST BE CONSTRUCTED BY A BROOME COUNTY REGISTERED INSTALLER. AN UP-TO-DATE LIST OF INSTALLERS WILL BE SENT UPON REQUEST OR CAN BE VIEWED AT [WWW.GOBROOMECOUNTY.COM/EH](http://WWW.GOBROOMECOUNTY.COM/EH) UNDER COMMUNITY SANITATION.**

<b>For Office Use Only</b>	<u>BCHD PLANS</u>	<u>ENGINEERED PLANS</u>	File # _____
	Staff _____	Engineer _____	Date Received _____
	Specs Date _____	Plan Approval _____	Recorded - Database <input type="checkbox"/> eHIPS <input type="checkbox"/>
	Checked _____	Final Approval _____	Installer _____
	Inspector _____	Recorded _____	
	Insp. Date _____		
	Checked _____		

**APPLICATION FOR SEWAGE DISPOSAL CONSTRUCTION PERMIT**  
 BROOME COUNTY HEALTH DEPARTMENT - 225 FRONT ST, BINGHAMTON NY 13905-2424 (607) 778-2847  
PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE

Applicant \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Property Address \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Town \_\_\_\_\_

Lot Size \_\_\_\_\_ acres Name of Subdivision (if any) \_\_\_\_\_

Type of Building \_\_\_\_\_ Existing or New \_\_\_\_\_ Age \_\_\_\_\_  
(house, mobile home, etc.)

Total # of Bedrooms \_\_\_\_\_ Low Flow Fixtures Installed (yes or no) \_\_\_\_\_ Garbage Disposal (yes or no) \_\_\_\_\_

Request for Class 1 Aeration Unit (ETU)  (see note on back) Water Supply: Public  Private Well

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT - DO NOT WRITE BELOW THIS LINE.**

Date of Perc Test \_\_\_\_\_ Staff \_\_\_\_\_ Date of Cut \_\_\_\_\_ Staff \_\_\_\_\_

**Soil Percolation Test**  
Minutes to drop each.

Test Hole no.	Depth inches	1 <sup>st</sup> inch	2 <sup>nd</sup> inch	3 <sup>rd</sup> inch

**Soil Characteristics (note groundwater or bedrock)**

	1
	2
	3
	4
	5
	6
	7
	8

Application rate: \_\_\_\_\_ Gal/Day/Sq. Ft.

Design Time: \_\_\_\_\_ Min/Inch

Approved For: Pits  Lines  Mound  Sand Filter  ETU  Other \_\_\_\_\_

Ground Surface Slope: \_\_\_\_\_ % VALID FROM \_\_\_\_\_ TO \_\_\_\_\_